2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000067549 Jan 28, 2000 8:00 am **Secretary of State** ICEBOX PRODUCTIONS, INC. 01-28-2000 90094 046 ***150.00 Principal Place of Business Mailing Address 200 S. TARRAGORA ST 200 S. TARRAGORA ST PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3459488 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANYKO, JOHN A Street Address (P.O. Box Number is Not Acceptable) 200 S. TARRAGONA ST PENSACOLA FL 32503 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME PANYKO, JOHN A NAME STREET ADDRESS STREET ADDRESS 200 S TARRAGONA ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 Delete ☐ Change ☐ Addition TITLE TITLE PANYKO, DEBORAH G NAME NAME STREET ADDRESS STREET ADDRESS 200 S TARRAGONA ST CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.